



Cambridgeshire County Council.

EDUCATION COMMITTEE.

THIRTEENTH
ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR ENDING 31ST DECEMBER, 1921.

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Introduction.

At the end of 1921 there were 137 Public Elementary Schools under the control of the County Education Committee (45 Provided and 92 Non-Provided), comprising 145 separate departments. The number of children on the School Registers at the end of the year was 10,890, the average number in attendance being 9,882.

Staff.

Services in connection with school medical work are rendered by the following :—

*FRANK ROBINSON, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*

*JESSIE H. GELLATLY, M.D., D.P.H., *Assistant do.*

*W. PATON PHILIP, M.B., Ch.B., *Tuberculosis Officer.*

*J. C. G. EVERED, L.D.S. (Edin.), *School Dentist.*

G. GRAHAM SMITH, M.D., F.R.S., *Bacteriologist.*

J. C. W. GRAHAM, M.D., *Ophthalmic Surgeon.*

MISS E. BILLS, *Superintendent of County Nursing Association.*

*L. E. LEYBOURN, *Enquiry Officer under Mental Deficiency Act.*

*Whole-time Officers of the County Council.

Co-Ordination.

The area for which the County Council is the Local Education Authority for Elementary Education coincides with that for which the Council is the Local Authority for maternity and child welfare, and comprises the whole of the County, with the exception of Cambridge. It is entirely rural in character.

Co-ordination and continuity of policy are readily secured, as certain members of Committees, the Medical Staff, and the Nurses are all concerned with both branches of work. Particulars of the past medical history of individual children are rendered available for entry on the record cards of the children on their entrance to school life.

There are no nursery-schools in the area.

Medical Inspection.

Routine medical inspection and re-examination have again been carried out throughout the year by the Assistant School Medical Officer, Dr. Gellatly, who has also undertaken the examination of mentally defective children, and a large part of the work of special examination of children for defects of eyesight and prescription of glasses.

The schedule in use for routine medical inspection does not differ in any material respect from that drawn up by the Board of Education. The age-groups of children submitted for such inspection are those prescribed by the Board of Education, viz. :—(a) entrants, (b) an intermediate 8 year-old group, and (c) “leavers,” aged 12 or upwards. In addition, there are examinations of children specially presented for suspected defects, and re-examination of children previously regarded as requiring treatment or further observation. A return visit is paid to the schools during the year for reinspection purposes. Statistical details of the number of children examined will be found in Table I. appended to this report, the totals in each principal group being as follows :—

				1920.	1921.
Routine	...	...	...	5356	3606
Specials	...	...	...	277	442
Re-examinations	...	...	...	1028	4643
Total number of individual children inspected	...	...	...	5633	4048

These figures show a marked decrease in routine inspections, and a correspondingly large increase in the special and re-examination groups, as compared with those for the preceding year, the total number of examinations made being 8691, compared with 7661 in 1920. The variations in the numbers in the respective groups are fully explained by Dr. Gellatly as follows :—

1. *“Decrease in Routine Inspection.*—During 1920 all children of 13 and 14 were included with 12-year-olds in the ‘leaver’ group, as, owing to suspension of routine inspection during the war, these children would otherwise have left school without being inspected since the age of 8. Although all entrants since the last routine inspection in 1916 could not be coped with in 1920, the entrant group was also abnormally large.

2. *Increase in ‘Specially Presented’ Group.*—This group was small in 1920, as inspection during the last three months of 1919 was performed solely on the ailing children basis, a visit being paid to nearly every school in the area, and thus many ailing children who would normally have been seen during the first few months of 1920 were disposed of in the previous year. In 1921 the more ordinary routine of work was followed.

3. *Increase in Reinspections.*—This is partially accounted for in the same way as the increase in ‘specially presented cases,’ but this section of the work has been increased as far as possible, such cases as slight defects of nutrition, slightly enlarged glands, mouth breathing and mental defect being kept under supervision for an extended period. It is considered that in the first two categories valuable experience as regards the early symptoms of disease may be obtained by keeping under observation even the slightest deviations from the normal, and this is now done as far as time permits.”

Findings of Medical Inspection.—The defects disclosed are set out in Table II. appended to this report, in the form desired by the Board. Special mention may be made here of the following items :—

Uncleanliness.—The number of children noted in the routine and special groups as having uncleanly heads was 317 (routine 278, special 39). Calculated on the number of children inspected at routine ages the proportion of children in the schools exhibiting this defect was 7·7 per cent., corresponding percentages being 7·2 in 1920, and 14·3 in 1914. Immediate treatment was required in 3·2 per cent., the remaining 4·5 per cent. being slighter cases noted for further observation, but not sufficiently marked to justify special reference to the parents.

Children with uncleanly bodies numbered 158 (routine 148, specials 10). Of routine examinations 4·1 per cent. were noted under this heading, of whom 0·7 per cent. required immediate treatment, the remaining 3·4 per cent. being noted for further observation. The corresponding figures for 1920 were :—Total cases 3·8 per cent., referred for immediate treatment 0·8 per cent., referred for further observation 3 per cent.

The proportion of uncleanly children shows little variation from the previous year, though the very marked reduction amounting to nearly 50 per cent. on the year 1914 is very noteworthy. I concur in Dr. Gellatly's view that it is improbable that any further considerable reduction in these figures will be obtained in future years. The majority of the cases referred for treatment come over and over again from the same incorrigible families, in whom very often mental defect is also present to a marked degree, the mother especially being of too low intelligence, or too unstable, to care adequately for her family.

Malnutrition.—Dr. Gellatly makes the following note :—“ The total number of children noted under this heading was 335 (313 routines, 22 specials). Of these, 22 were severe cases, requiring immediate medical attention ; the remaining 313 were placed under observation. These figures show an increase on last year's total (244), the percentages calculated on routine figures only being 9·3 in 1921, compared with 4·6 in 1920. This increase is, however, mainly apparent, being due to slighter degrees of malnutrition being included in the 1921 table for observation purposes.

“ Compared with 1914, the last year reported on under pre-war conditions, a very decided decrease is evident, the percentage of badly nourished children calculated on routine figures in that year being 19·41. For the reason given above the comparison between 1914 and 1921 is the truer of the two. These figures would seem to suggest that the children in this county profited considerably by the increased prosperity of the agricultural community under war conditions, and the suggestion is borne out even more by the general impression received when medical inspection was first resumed.”

Tonsils and Adenoids.—Of 80 children suffering from enlarged tonsils, adenoids, or both, 78 were in the routine age groups, being in the proportion of 2·2 per cent. of the children undergoing routine examination, compared with 3·7 per cent. in 1920. Omitting special cases, 13, or 0·4 per cent., of children examined at routine ages were considered to require immediate treatment, the remaining 65 (1·8 per cent.) being referred for further observation. The latter figure refers entirely to cases of enlarged tonsils in which there was an associated disability, or to cases in which the enlargement was considered to be transitory.

Cases in which mouth breathing was the most marked feature, and the associated enlarged tonsils and adenoids were only of moderate degree, are included under "other conditions of nose and throat," and brought to the notice of the parents in the first place for breathing exercises. Of these "other conditions" there were 261 (238 routine, 23 other conditions), of which the large majority were cases of mouth breathing. The total percentage in the routine groups was 6·6 per cent., 4·6 being referred for treatment, mainly breathing exercises.

Tuberculosis.—Including both routine and special examinations, 88 cases were found to be suffering from tuberculosis, the regions affected being as follows :—

					<i>Definite.</i>	<i>Suspected.</i>	<i>Total.</i>
Lungs	...	...	...	...	9	64	73
Spine	...	...	...	...	3	3	6
Hip	...	...	...	...	—	1	1
Other Bones and Joints	...	...	...	...	—	1	1
Skin	...	...	...	...	1	—	1
Other Forms	...	...	...	...	4	1	5

Many of the suspected pulmonary cases had glandular infection also.

External Eye Disease.—While the figures in Table II. (defects found in the course of medical inspection) show no remarkable differences as compared with last year, those in Table IV. (treatment of defects, in which are included children notified from all sources) show that 121 children were referred for treatment, as compared with 62 in 1920. Dr. Gellatly points out that this is entirely accounted for by the fact that catarrhal conjunctivitis, for the first time in this County since school medical inspection was begun, became epidemic in Great Abington and Babraham Schools, both of which had to be closed in the early spring on this account. Sporadic cases of this complaint have been unusually common during 1921, but in no other instances have more than one or two families been affected in any one village.

Defective Vision.—The figures, as compared with 1920, are as follows :—

						1920.	1921.
<i>Referred for Treatment :</i>							
Routine	...	...	...	...	...	166	88
Specially presented	...	...	...	...	...	43	30
<i>For Observation :</i>							
Routine	...	...	...	...	...	245	157
Specially Presented	...	...	...	...	...	14	11

The numbers in 1920 were unusually large, as routine inspection was resumed after a three years' interval, during which many children escaped attention.

Dental Defect.—This subject is dealt with (a) in the School Dentist's report, (b) in the paragraphs on dental treatment under Remedial Measures, and (c) in the Tables appended to this report.

Skin Diseases.—There was a reduction in the number of cases of all three principal contagious skin diseases as compared with the previous year.

Ringworm does not present a serious problem in this County; 8 cases (4 scalp, 4 body) were discovered at routine inspections, and an additional 34 (19 head, 15 body) were notified by the Head Teachers or School Nurses, making a total of 42 cases. The comparative totals for 1920 were 31 of ringworm of the head, and 25 of ringworm of the body, total 56.

The considerable reduction in the incidence of ringworm, with consequential benefit to school attendance, will be appreciated when these figures are contrasted with the total of 127 cases in 1910, the first complete year of school medical work.

Scabies cases numbered 28, of which 14 were discovered at routine inspections, the remainder being notified by Head Teachers or School Nurses. As the corresponding total for the previous year was 46, this disease was appreciably less prevalent during the year under review.

Impetigo is much the most prevalent skin disease among school children, and accounts for a considerable loss of school attendance during the year. Two hundred and fifty-eight cases were referred for treatment, of whom 25 were noted at the routine medical inspections, the others being notified by the Head Teachers or the School Nurses. The comparatively small number detected during routine inspection points to increasingly efficient notification by the Head Teachers.

Remedial Measures.

The remedial measures undertaken by the Education Committee fall under two headings:—(a) Arrangements for securing that treatment is provided (“following-up”), and (b) the actual scheme of treatment set up.

“Following-up.”—The successive steps taken to secure the remedy of defects are the notification to the parent of the need for treatment, visitation of the homes by School Nurses for following-up purposes, and re-examination at a second visit to the school during the year by the Assistant School Medical Officer. Re-examinations numbered 4,643 in 1921, the object being to ascertain whether treatment had been carried out, and with what result, and to observe the condition of children previously noted for observation.

School Nursing duties are undertaken by the four Health Visitors of the County Nursing Association, and by District Nurses, under the superintendence of Miss Bills, the Superintendent of the County Nursing Association. The work is directed from the Public Health Department. The scope of the work of the School Nurses is indicated by the following figures, from which the very considerable expansion of the work will be noted.

I. <i>Visits to Schools:</i>		1920.	1921.
(a)	Routine medical inspection ...	137	158
(b)	Special verminous inspections ...	8	5
(c)	Other purposes	382	727
		—	—
		527	890
		—	—

2.	<i>Visits to Homes :</i>	1920	1921
(a)	Following-up to secure treatment	1906	4121
(b)	Special enquiries into refusal of dental treatment	1453	2801
(c)	Special enquiries into infectious and contagious diseases ...	2272	1691
(d)	Other purposes	316	405
	Total	<u>5947</u>	<u>9018</u>

Thus, of the visits to the homes, approximately 45 per cent. were for following-up, mainly with the object of securing medical treatment, 31 per cent. to persuade the parents to withdraw their refusal of dental treatment for their children, 18 per cent. for investigation into and advice regarding infectious and contagious disease, and the balance of 6 per cent. for other purposes. Compared with 1920, the visits for following-up and for dental purposes were practically doubled.

Medical Treatment.—The Education Committee's scheme of treatment comprises the following :—

Contribution to Addenbrooke's Hospital for treatment of diseases of the nose and throat, X-rays treatment of ring-worm, and for other general medical and surgical work.

Clinics for defective vision ; provision of spectacles.

Travelling dental clinic.

Assistance in travelling expenses for treatment.

Tonsils and Adenoids. Twenty-three children are known to have received operative treatment, all but two under the Education Committee's scheme at Addenbrooke's Hospital. In addition, 93 children with defects of the nose and throat received treatment, mainly in the form of breathing exercises. Dr. Gellatly informs me that, thanks to the interest shown, and the very cordial co-operation given by many of the teachers, especially in infant schools, these exercises are now in many cases very thoroughly applied. An attempt is always made to secure also the co-operation of the parents, printed instructions simply expressed being issued in all cases where the children are mouth breathers. These instructions run as follows :—

“ Your child has grown into the habit of breathing through its mouth instead of through its nose. This produces unhealthy conditions of the air passages, and also may necessitate an operation for the removal of adenoids and tonsils if not corrected. You should, therefore, constantly remind the child to keep his mouth shut and breathe through the nose ; also to keep the air passages clear by sufficient use of the handkerchief.

If the child tends to sleep with his mouth open, gently close it ; this can nearly always be done without waking him. If he is lying on his back, turn him on his side.

It would be of great advantage to your child if you would see that breathing exercises are carried out at home for at least five minutes daily, in addition to the exercises at school, in the following manner :—

1. The exercises should be carried out in the open air when weather permits ; but if indoors, the windows should be widely opened.
2. The child should stand erect, arms by the side, and shoulders thrown well back.
3. The handkerchief should always be used first, in order to ensure that the air passages are as clear as possible.
4. The mouth should be kept closed throughout, not opened when breathing out.
5. Slow, deep, but not forced breaths should be taken at the rate of about 16 to 18 per minute. Breathing in and out should be about equal in length, and both should be performed through the nostrils."

Defective Vision.—Children who require assistance for treatment of defective vision and squint are submitted to refraction, either by Dr. Gellatly, the Assistant School Medical Officer, or by Dr. Graham at Cambridge. Dr. Graham deals with the children who live in villages with reasonable travelling facilities to Cambridge, while Dr. Gellatly deals with those in the more remote districts. For the latter group the arrangements are of the nature of a simple travelling clinic, an electric ophthalmoscope being used, and the examinations being carried out as a rule in the school cloakrooms. Dr. Gellatly notes that :—" For the last eighteen months the alkaloidal oil preparation of homatropine and cocaine advised by Mr. Bishop Harman has invariably been used in order to paralyse accommodation. It has been found certain in result, much less objectionable to the little patients than the watery solution previously used, and, in spite of the increased initial cost of the solution, much more economical."

During the year, of the 199 cases submitted to refraction, 108 were treated by Dr. Gellatly, 84 by Dr. Graham, 4 by private practitioners or at hospital, and 3 by chemists. Spectacles were prescribed for 159 cases, and were obtained in 155; very few parents now refuse to have their children examined, or to obtain glasses where these are considered necessary by the School Medical Staff.

Skin Diseases.—Of the 23 cases of ringworm of the scalp discovered during the year, 11 received X-ray treatment under the Education Committee's scheme at Addenbrooke's Hospital, and 10 were treated by private practitioners. Eighteen of the nineteen cases of ringworm of the body had received satisfactory treatment, mainly by private practitioners, by the end of the year.

Twenty-four of the 28 cases of scabies received more or less satisfactory treatment in their homes, although many were away from school much too long. Two cases attended Addenbrooke's Hospital, being assisted with recommendations and travelling expenses under the Education Committee's scheme.

Although most of the 258 cases of impetigo discovered during the year are entered as having received treatment, very many cases are away from school for much too extended a period, often over four weeks. Endeavours are made by means of communications to the parents, visits by School Nurses, and the distribution of leaflets of instructions, to secure prompt and continuous medical care of children suffering from contagious skin diseases. It is difficult, however, in many cases to induce the parents to take the matter sufficiently seriously, and to persevere with appropriate treatment, and considerable loss of school attendance undoubtedly results from this cause.

Uncleanliness.—Cleansing notices are served on the parents of uncleanly or verminous children, and the School Nurses follow up these cases in their homes systematically. The worst cases are excluded from school, and, in the event of failure to cleanse within a reasonable period, are handed over to the School Attendance Officers, with a view to legal proceedings under the School Attendance Bye-laws. During the year 52 children belonging to 40 families were excluded, and four prosecutions were necessary, convictions and fines being obtained in all cases; all the other excluded were cleansed and returned to school without resort to the Courts. No action was taken under the Children Act.

While special inspections of individual schools are made on complaint, as occasion arises, it is not the practice to require the School Nurses to undertake systematic cleanliness surveys of the schools as a whole. There are objections to this course in a rural area like Cambridgeshire, where District Nurses are used as School Nurses in many parishes, while, as regards parishes visited by the central staff, it is felt that the time of the staff, already fully occupied, is being used to better advantage in other directions bearing more directly on the health of the children.

Tuberculosis.—In addition to the notification by the School Medical Staff of children detected to be suffering from tuberculosis, doubtful cases are referred to the Tuberculosis Officer for report. Notified cases are visited in their homes by the Tuberculosis Nurses.

The institutional treatment of tubercular children is not provided by the Education Committee, but by the Public Health Committee as part of their sanatorium scheme. As pointed out elsewhere, it would be possible to diminish the necessity for such provision in the future by building up the resistance of weakly children to tuberculosis through a stay in a residential open-air school.

As the sanatoria to which tubercular children are sent are recognised by the Board of Education for educational purposes, children sent for treatment are included in Table III. relating to exceptional children as "attending Certified Schools for Physically Defective Children." In addition to 20 remaining in sanatoria on January 1st, 1921 (lungs 14, hip 4, spine 1, knee 1), there were 32 admissions, making a total of 52 under treatment during the year. Of these 30 were discharged (lungs 25, hip 3, spine 1, knee 1), leaving 22 children remaining in sanatorium on January 1st, 1922.

Details are as follows :—

<i>Admitted during 1921.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Lungs and Thoracic Glands ...	19	11	30
Knee	1	—	1
Spine	—	1	1
	20	12	32

<i>Remaining on January 1st, 1922.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Lungs and Thoracic Glands ...	10	6	16
Spine	2	1	3
Hip	2	—	2
Fibula	—	1	1
	14	8	22

Dental Treatment.—From Mr. Evered's report on the year's work it is satisfactory to note that, as compared with the preceding year 3·4 per cent. fewer children were found to be in need of treatment, while 1·9 per cent. more children actually received treatment of those in need of it. The refusal rate was thus lowered from 34·2 per cent. in 1920 to 32·3 per cent. in 1921. More work was done by the School Nurses in interviewing the parents of children for whom dental treatment was refused, 2,801 visits being paid to homes, as compared with 1,453 in 1920.

The scheme of dental treatment was continued on the same lines as in previous years, the whole-time School Dentist travelling from school to school for the purpose. Both inspection and treatment were carried out on school premises, or occasionally elsewhere, where this proved inconvenient. In addition, children noted by the Assistant School Medical Officer to be in need of treatment were referred to the School Dentist as occasion arose. Mr. Evered's annual report will be found on page 23, and statistical tables are appended to this report.

When the School Dentistry Scheme first started in 1914 children at age-groups 6 to 8 years only were dealt with. Annual reinspection was desired by the Board, and experience has proved its undoubted value. Owing to this system the number of children who pass through the Dentist's hands has included those at increasingly higher ages, until all are now inspected from the age of 6 up to and including 14 years. In addition, the whole of the children are dealt with in schools with fewer than 60 children on the Register. It has been the practice of the School Dentist to classify such children among special cases, and for this reason there is no entry in the Board's Table IV. D in the five year age column. In future the number of five-year-olds will be separately stated.

It has been suggested that it would be advisable to concentrate on the treatment of age groups 5 to 7 years. While this is no doubt excellent advice where a scheme is about to be commenced, I concur in the School Dentist's view that it would not be advantageous in a scheme which has been in operation for over seven years for the following reasons :—

(1) It would be necessary to abandon the annual reinspection of a large number of children already treated, an essential feature of the Board's scheme which is of proved value. It is submitted that to discontinue the care of the children already treated would be to lose the benefit of much of the work already done.

(2) In Mr. Evered's experience of school dentistry, gained in rural districts of this County and elsewhere, there is no great amount of caries in the six year molars until about the 7 to 9 age period, any difference from industrial districts being possibly due to dietary. In the small schools in this County in which all children are dealt with, very little treatment of the first permanent molar teeth of children aged five has been found necessary, and Mr. Evered is of opinion that the most valuable conservative dentistry is done at higher ages.

(3) The inclusion of all five-year-olds would be apt to lead to time being spent on the treatment of temporary teeth in younger children which could be employed to better advantage in conservative dentistry of the permanent teeth of other children.

Malnutrition.—The Committee authorised the expenditure of a limited sum on the supply of Malt and Cod Liver Oil to ill-nourished children in attendance at school. It is given on school premises under the superintendence of the Head Teachers, who record the weight of the children periodically. The cases are selected by the School Medical Staff on medical grounds, and only necessitous children are aided in this way. The scheme has not long been in operation, but up to the present the improvement in the physical condition of the children has been encouraging, and has fully justified the small expenditure incurred.

During the year eight poorly nourished children were enabled by unofficial action to gain admission to the Hunstanton Convalescent Home for a stay of three weeks. This was made possible by the kindness of individual members of the School Attendance Sub-Committee and others, who placed letters of recommendation at the disposal of the School Medical Staff, and in some cases gave financial assistance. Unfortunately the cost of travelling, and the weekly maintenance charge, make it impracticable for many of the most necessitous children to benefit in this way, even when letters of recommendation can be obtained. Dr. Gellatly, who has taken much interest in this matter, informs me that the eight children who were enabled to go to Hunstanton derived marked benefit from their stay, and it is hoped that similar assistance may be available in the current year.

General Neglect.—During the year some 23 children in 10 families were referred to the National Society for Prevention of Cruelty to Children, on such grounds as inadequate clothing and footgear, insufficient feeding, etc. All were investigated and kept under supervision by the Society, who, in one case, instituted legal proceedings, which resulted in the child being sent to Dr. Barnardo's Homes.

Other Defects Treated.—In addition to tonsils, adenoids, and scalp ringworm cases, letters of recommendation were given for treatment at Addenbrooke's Hospital of the following defects:—Ear disease and deafness 7, inflamed lachrymal duct 2, cataract 1, other external eye disease 2, hernia 2, deformity of foot 2, tuberculosis of spine 1, tuberculosis of peritoneum 1, alopecia 2, disease of toenails 1, scabies 1, nasal growth 1, enlarged cervical glands 1, umbilical haemorrhage 1, incontinence of urine 1, and tapeworm 1.

Co-operation of Teachers and Attendance Officers.—I am again very pleased to record my sense of the valuable assistance given by many of the Teachers, between whom and the medical staff the closest association is essential for the success of medical work. It is important that the revised memorandum as to the steps to be taken in preparing for medical inspection, of which a copy was sent to every Head Teacher in March, 1920, should be carefully studied, and the procedure indicated carefully followed, in order that such inspection may be carried out with completeness and with the least inconvenience possible to all concerned.

The principal items of the assistance rendered by the Teachers are as follows. The Teachers have the custody of the personal record cards, and for each child entering the school they start a card in manner indicated in the Regulations. They make the general arrangements preliminary to inspection. They obtain the previous medical history of children awaiting inspection, and enter this on the record cards, together with the height and weight, and certain other particulars regarding which they are in the best position to express an opinion. They select the children in the prescribed age-groups for routine inspection, and bring forward also those who appear to require special examination. They transmit the notices to parents of children requiring treatment, and give material assistance towards the selection of children for treatment under the Committee's scheme.

In connection with dental treatment also the Teachers make the necessary arrangements for the presentation of children for routine and special inspection and treatment, transmit the notices to parents, and often give valuable help in securing the acceptance of treatment in cases of reluctance, by no means an easy task. The remarkable freedom from refusals of dental treatment in certain schools is a testimonial to the personal influence of the Head Teacher.

Under the Regulations the Teachers notify cases of infectious disease and of contagious skin disease, thus aiding materially in controlling the spread of infection.

The Attendance Officers and the School Medical Officer are in frequent correspondence regarding the absence of children on medical grounds. The Attendance Officers also report to the School Attendance Sub-Committee cases for the opinion of the Medical Officer, who reports to the Sub-Committee on reference. They also take such legal steps as may be necessary in the cases of children excluded on account of their verminous or contagious condition, where cleansing or other appropriate measures are not adequately carried out.

Open-Air Education.—As intimated in last year's report, authority was given for sending a limited number of ill-nourished children to residential open-air schools elsewhere, as the time was inopportune for providing such an institution in this County. Eight children were reported as suitable, and four actually went. These numbers are, of course, very small, but the reports received regarding these children are of a decidedly encouraging character.

There can be no doubt that, as soon as financial conditions permit, more extended provision should be made for the open-air education of physically defective children of this type, preferably in an institution provided within the County. During the year 23 very ill-nourished children were noted, who would have derived great benefit from a stay in such an institution, and doubtless many of the 64 suspected cases of pulmonary tuberculosis would come within this category. Expenditure in this direction would be an economy in the long run, as the increased resistance of such children to tubercular infection would render it unnecessary to maintain them in Sanatoria at no far distant date.

Owing to the large number of children of this type at Willingham, the Buildings Sub-Committee considered a recommendation to provide an open-air class-room, but resolved not to proceed under present financial conditions. Plans prepared by the County Architect for improved ventilation of the class-rooms were approved as an alternative measure, and the matter is still under consideration.

Physical Training.—There has been no new development during the year. The Board's syllabus of physical exercises is followed in the schools, and reference has been made elsewhere to mouth-breathing exercises.

The course of instruction commenced for women teachers in 1920 was continued in 1921, but no course was held for men teachers, as an insufficient number presented themselves for a class to be formed. As soon as financial conditions permit, the question of improvement of arrangements for physical training in the schools will be well worthy of consideration by the Local Education Authority.

Blind, Deaf, Defective and Epileptic Children.

Children presenting these defects are reported by the Medical Staff to the Committee as they come to their knowledge, either through medical inspection, or as attention is drawn to them by Teachers and others. The Attendance Officers have instructions from the Committee to report cases of alleged defect, and the Health Visiting Staff give similar information. A numerical return of all exceptional children in the area up to the end of 1921 is furnished in Table III. appended to this report, in the form prescribed by the Board of Education.

Medical reports were furnished to the School Attendance Subcommittee during the year regarding one partially blind child, one deaf child, one epileptic, eight physically defective children suitable for open-air schools, and fifteen mentally defective children.

The position as regards children in institutions is as follows :—

	<i>Mentally Defective.</i>	<i>Epileptic.</i>	<i>Deaf.</i>	<i>Blind.</i>	<i>Physically Defective.</i>
Remaining, Dec. 31st, 1920	15	—	4	—	—
Admitted in 1921 ...	13	—	1	1	4
Discharged in 1921	5	—	—	—	3
Remaining, Dec. 31st, 1921	23	—	5	1	1

The County Council is one of the constituent authorities of the East Anglian Institution for Blind and Deaf Children at Gorleston-on-Sea, where four places are reserved for children from their area. When this accommodation is fully occupied, children are sent to other similar institutions as occasion arises, *e.g.*, to the Royal School for the Deaf and Dumb, Margate, where two children are placed at present.

The great majority of the mentally defective children reported upon have been examined by Dr. Gellatly, who has devoted special attention to this branch of the work. Of the 15 children reported upon during the year, 7 were suitable for instruction in a special school, and 5 others were notified to the County Council under the Mental Deficiency Act. Owing to financial restrictions on the number of children who can be sent to special schools at present, only those urgently in need of such institutional accommodation, or those subject to be notified to the County Council under the Mental Deficiency Act, have been reported to the Committee during the year.

Altogether, up to the end of the year under review, 144 children have been reported under the Defective and Epileptic Children Act, of whom 77 were regarded as suitable for special schools. Up to the present, mentally defective children suitable for special schools have almost all been accommodated at Littleton House Institution, Girton, where places are reserved, and at the Kingsmead Special School, Hertford.

Owing to the increasing difficulty of obtaining places, and the desirability of accommodating children as near at hand as possible, the Sub-Committee have, during the year, conferred with several adjoining Local Education Authorities in order to ascertain whether premises could be acquired locally and adapted for institutional purposes. The matter has been gone into in considerable detail, and plans prepared by the County Architect, but for financial reasons it is not proposed to proceed further with the matter.

It may here be noted that at Soham, the largest village in the area, the number of mentally defective children would fully justify the establishment of a special class. A special report by the Assistant School Medical Officer on this subject was considered in 1919, but no definite scheme evolved, and, especially in view of the financial difficulties in the way of special school accommodation, the matter might be revived with advantage.

There is at present a number of feeble-minded children in the elementary schools, who make little or no progress with the ordinary curriculum, but who would undoubtedly benefit by instruction in handicraft, if the opportunity were afforded them of doing so. The School Attendance Sub-Committee considered the matter, and on their authority the Head Teachers have been requested to include such children in practical subjects classes wherever practicable.

Provision of Meals.—No special action has been taken under the Education (Provision of Meals) Acts. The results of a special enquiry into arrangements for midday meals at the schools were briefly stated in my report for 1919. In a minority of the schools meals are sold on cookery days, or there are facilities for obtaining a hot drink, or for heating or cooking food. In one school only, Bassingbourn Cl., is there an excellently organised scheme of school dinners, of which details are given in my report for 1917. The Head Teacher, Mr. Eayrs, informs me that this scheme is still carried on in the winter months owing to the generosity of the Viscount Knutsford. I may add that its success is also in a large measure assured by the valuable personal aid given by Mr. and Mrs. Eayrs. The scholars have a two-course meal at the cost of 1/- per week. The average number staying is 35, and the average daily cost works out at rather more than 3d. per head. The conditions this year are rather exceptional as, owing to the dry season, all vegetables, even potatoes, have had to be bought; while the children of several families, whose fathers have been unemployed since harvest, are having free meals.

Detection and Prevention of Spread of Infectious and Contagious Disease.

The outbreaks of measles and whooping cough recorded in my last annual report had practically subsided by the end of 1920, and there is no matter of outstanding interest to record for the year under review.

A considerable number of cases of glandular fever occurred among children resident at Great and Little Wilbraham. This ailment, which has seldom been noted among school children in this County, attacked a considerable number of the children on the registers at Great Wilbraham School, and the outbreak extended over a period exceeding two months.

A contagious form of acute conjunctivitis made its appearance among children attending Great Abington School from the parishes of Great and Little Abington, and spread in a few weeks to the adjoining parish of Babraham. Some 24 children are known to have been attacked at the former school, and 8 at the latter. Precautionary notices were issued to the parents, and valuable assistance was given by the District Nurse for these parishes, who undertook the daily treatment of many of the children under the direction of the School Medical Staff, and with the agreement of the local practitioners. The small expenditure incurred was met by the Education Committee.

Under the Regulations of the Education Committee cases of infectious and contagious disease, including suspects, are notified by Head Teachers to the School Medical Officer, and the homes are visited by the School Nurses for purposes of enquiry and report, except as regards diseases notifiable to the Local Sanitary Authorities under the Public Health Acts and Regulations. Including visits for supervision of cases of contagious skin disease, 1,691 visits were paid by the School Nurses in 1921, the opportunity being taken for advice as to precautions for prevention of spread of infection.

The School Medical Staff paid 33 special visits to schools for enquiry into infectious and contagious disease. Of these visits 13 were for diphtheria, 12 for scarlet fever, 3 for sore throat, 2 for conjunctivitis, 1 for chicken pox, 1 for whooping cough, and 1 for glandular fever. For the bacteriological diagnosis of diphtheria 207 swabs were taken, 14 of which showed evidence of infection.

Including extensions, the School Medical Officer furnished 25 certificates for the closure of 21 schools, of which 2 were closed for whooping cough, 2 for scarlet fever, 1 for diphtheria, 6 for influenza or epidemic catarrh, 2 for conjunctivitis, and 4 each for chicken pox and mumps.

Hygienic Condition of Premises.

Details as to lighting, ventilation, and other sanitary conditions were given in my report for 1920, and need not be repeated here.

Washing Arrangements.—Dr. Gellatly makes the following note :—

“ There was serious restriction in the amount of water available for all purposes in very many villages during last summer. In several both wells and ponds were entirely dried up for periods of six to eight weeks, and water had to be carted several miles, often from districts already rather short. In one village which was visited during this period it had been impossible to use water for laundry purposes for six weeks, the meagre supply, which was all that could be spared from a neighbouring village, being barely sufficient for cooking.

It is probable that were more trouble taken to inculcate cleanly habits in rural schools, domestic servants, milkers, fruit-pickers, and others in whom personal hygiene is a matter of importance to the community, would not so often fall short of a reasonable standard of cleanliness as they do at present.

While in many schools excellent results are obtained with very simple arrangements, in others, much better placed as regards water supply and fixtures, practical cleanliness seems to form no part of the curriculum."

This is one of the least satisfactory features in the schools, and I would repeat here my note of last year. In most schools, though not in all, fixed or movable lavatory basins are provided, and in some schools excellent use is made of this provision. In others, however, the basins are not kept clean, or do not appear to be used at all, water, soap, and towels not being readily forthcoming as required by the Regulations. An excellent and often very necessary opportunity for practical education in personal hygiene is thus lost. Dr. Gellatly's suggestion that a small mirror might be fixed in an easily accessible position in the cloakroom would, at a very trifling outlay, encourage habits of personal cleanliness and self-respect.

During the year reports on the sanitary condition of the following schools were presented by the School Medical Officer :—

Council Schools.—Stapleford Cl., ventilation and open-air shelter ; Willingham Cl., ventilation and open-air shelter ; Wicken Cl., ventilation of infant room.

Non-Provided Schools.—Barton C.E., lighting ; Castle Camps, water supply ; Comberton, offices and ventilation of infant room ; Coton C.E., desks ; Fordham C.E., ventilation, playground, Infants' urinal, washing arrangements ; Guilden Morden C.E., ventilation, offices, ashpit, washing arrangements ; Haslingfield Endd., desks ; Hildersham, lighting ; Newton, lighting ; Steeple Morden C.E., ventilation, cloakroom, and washing arrangements, closets.

Miscellaneous.

Special Reports on School Children.—In addition to reports on 1 partially blind, 1 deaf, and 15 mentally defective children, 128 reports were presented at the request of the School Attendance Sub-Committee regarding the fitness of children to attend school. These included tuberculosis 63, contagious skin diseases 11, and other conditions 54.

Housing of Head Teachers.—As explained in my previous report, the original decision to provide 23 houses for Head Teachers in three years has been abandoned for the present for financial reasons, and the proposals are limited to the provision of one house per annum during the next five years. A site has been purchased at Foxton, and plans for a house prepared by the County Architect have been approved.

Summer Time Act.—In accordance with a request from the Board of Education the following report, presented by Dr. Gellatly, was forwarded to the Board :—

“ During the Summer I have paid particular attention to this subject, and have, in addition, taken the opinion of most of the Head Teachers in the schools I visited. The general opinion seems to be that daylight saving has aggravated an evil that has existed for years, *i.e.*, that working-class children do not get enough sleep in summer. Lack of parental control has much to do with this (I am frequently told that Johnny aged 6, or Mary even younger, ‘won’t’ go to bed before dark), bad housing has even more. The bedrooms in most country cottages are very inadequately ventilated, the windows, even when they open, being far too small, and the roof too low, so that, especially in weather such as we have had this summer, bed was not an enticing place.

“ The evil is not a serious one, although I came across many cases where the children would undoubtedly have benefitted by more sleep ; there was no case in which health was really seriously affected, and I am not prepared to say that even in the majority of cases the children would have been better in their often very undesirable bedrooms. Where there is an airy, well-ventilated room available earlier hours should undoubtedly be enforced, but under present conditions of rural housing the case is different.

“ I might add that it would probably be very greatly to the benefit of the Infant Departments if there were no school in very hot weather. The children during the present summer undoubtedly suffered considerably from the confinement during the hottest hours of the day, and very few playgrounds are suitable for open-air classes, mainly owing to lack of shade.”

In view of the terms of this report it is interesting to note Sir George Newman’s conclusions in his report to the Board of Education, which may be concisely stated as follows :—

(a) That there is absence of any reliable evidence that the operation of the Act is detrimental to the health of the children.

(b) That a certain proportion of the population have failed to adjust the bed-time arrangements for their children to the operation of the Act.

(c) That there is no evidence that the alteration in hours affects the children in school unfavourably.

Medical Inspection in Secondary Schools.

For some years past boys and girls gaining County Minor Scholarships, tenable at the County Schools for Boys and Girls respectively, the Soham Grammar School, and the Ely High School, have undergone medical examination. County Minor Scholars were again examined in 1921, the boys by the School Medical Officer, and the girls by the Assistant School Medical Officer. All proved medically fit to hold their Scholarships.

The numbers were as follows :—

County School for Boys	...	...	28
" " " Girls	...	...	21
Soham Grammar School	...	...	3
			<hr/>
			52
			<hr/>

Parents were informed of the need for medical treatment for the following conditions :—

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Defective Vision ...	1	1	2
Carious Teeth ...	4	1	5
Mouth Breathing	—	1	1
Goitre ...	1	—	1

As indicated in my last report, the scheme of medical inspection and treatment approved in 1920 for these schools as a whole was not put into operation, owing to the present financial restrictions.

In concluding this report I have again to acknowledge the valuable assistance given by Dr. Gellatly, who prepared the whole of the medical statistical tables appended, and drafted a great part of the body of the report. The report and statistics relating to dental work were furnished by Mr. Evered.

FRANK ROBINSON,

School Medical Officer.

County Hall,

Cambridge.

March, 1922.

DENTAL INSPECTION AND TREATMENT.

Eighth Annual Report by Mr. J. C. G. Evered, L.D.S. (Edin.),
County School Dentist.

During 1920, children aged 6—14 were dealt with in the larger schools, but in those schools where the numbers on the register are below 60 the whole were dealt with. The year's work is set out in detail in the statistical tables appended to the School Medical Officer's report, but certain information may usefully be set out here in tabular form.

1. *Schools dealt with :*

A.	Schools inspected and treated	...	...	145
B.	Schools inspected only	...	...	13
C.	Total schools visited (A+B)	...	...	158

2. *Children dealt with :*

A.	In schools inspected and treated	...	...	9151
	Required no treatment	...	...	5967
	Required treatment	...	...	3184
	Received treatment	...	...	2154
	Refused treatment	...	...	1017
	Temporary teeth extracted	...	...	4315
	Permanent teeth extracted	...	...	431
	Fillings	...	...	816
B.	In schools inspected only	...	...	813
	Required no treatment	...	...	523
	Required treatment	...	...	290
C.	In total schools visited (A+B)	...	...	9964
	Required no treatment	...	...	6490
	Required treatment	...	...	3474
D.	Special cases	...	...	295
	Temporary teeth extracted	...	...	159
	Permanent teeth extracted	...	...	35
	Fillings	...	...	50

Of 9,964 children who underwent routine dental inspection, 6,490, or 65·1 per cent., required no treatment, while 3,474, or 34·9 per cent., did require it, being 3·4 per cent. lower than last year. Of those requiring treatment 67·7 per cent. received it, the parents refusing treatment for the remaining 32·3 per cent., a reduction of 1·9 per cent. on last year's refusals.

In 15 schools there were no refusals of treatment, a decrease of 3 from last year, and in 50 schools there were fewer than 5 refusals, an increase of 11 over last year. The numbers of temporary and permanent teeth extracted were 4,315 and 431 respectively, and 816 fillings were done. Of the total number of children inspected, 6,275, or 68.5 per cent., were found to have clean mouths, while pus was noted to be present in the mouths of 2,876, or 31.5 per cent.

Children to the number of 295 were treated as special cases, being either over or under the routine age. For these children 159 temporary and 35 permanent teeth were extracted, and 50 were filled.

Including both routine and special cases, the total number of children who received treatment during the year was 2,449. The number of temporary and permanent teeth extracted were respectively 4,474 and 466, while 866 fillings were done.

I must again record my thanks to the teaching staff for the very cordial and valuable help they have continued to give me in my work, and also to the members of the nursing staff, who have rendered invaluable assistance in interviewing the parents of children for whom treatment has been refused.

MEDICAL INSPECTION.

TABLE I. Number of Children inspected 1st January, 1921, to 31st December, 1921.

A.—ROUTINE MEDICAL INSPECTION.

Age.	Entrants.					Total.
	3	4	5	6	Other Ages.	
Boys ...	71	154	248	116	—	589
Girls ...	66	154	253	108	—	581
Totals ...	137	308	501	224	—	1170

Age	Inter- mediate Group. 8	Leavers.			Other Ages.	Total.	Grand Total.
		12	13	14			
Boys ...	579	458	46	4	167	1254	1843
Girls ...	500	435	69	3	175	1182	1763
Totals ...	1079	893	115	7	342	2436	3606

B.—SPECIAL INSPECTIONS.

		Special Cases.	Re-examinations (<i>i.e.</i> , No. of Children Re-examined).
Boys ...	...	222	2186
Girls ...	...	220	2457
Totals ...	...	442	4643

C.—Total Number of *Individual Children* inspected by the Medical Officer, whether as Routine or Special Cases (no child being counted more than once in one year).

No. of Individual Children inspected.
4048

TABLE II. Return of defects found in the course of Medical Inspection in 1921.

Defect or Disease.				Routine Inspection		Specials	
				Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)				(2)	(3)	(4)	(5)
	Malnutrition	..	..	10	303	12	10
	Uncleanliness :						
	Head	..	..	115	163	26	13
	Body	..	..	27	121	6	4
Skin.	Ringworm :						
	Head	..	..	2	—	2	—
	Body	..	..	1	—	3	—
	Scabies	..	..	6	—	8	—
	Impetigo	..	..	3	—	22	—
	Other Diseases (non-Tubercular).	..	..	14	38	3	10
Eye.	Blepharitis	..	..	25	32	2	—
	Conjunctivitis	..	..	14	8	10	3
	Keratitis	..	..	—	—	1	—
	Corneal Ulcer	..	..	—	—	—	—
	Corneal Opacities	..	..	—	2	—	—
	Defective Vision	..	..	65	139	29	10
	Squint	..	..	23	18	1	1
	Other conditions	..	..	6	13	3	5
Ear.	Defective Hearing	..	..	6	3	2	1
	Otitis Media	..	..	6	8	6	—
	Other Ear Diseases	..	..	2	7	2	—
Nose and Throat.	Enlarged Tonsils	..	..	1	59	1	—
	Adenoids	..	..	4	1	1	—
	Enlarged Tonsils & Adenoids	..	..	8	5	1	—
	Other conditions	..	..	165	73	22	1
Enlarged Cervical Glands (Non-Tubercular)	..	..	..	2	136	5	10
Defective Speech	..	..	..	—	18	1	3
Teeth.	Dental Diseases	..	..	37	12	1	1

Defect or Disease.					Routine Inspection		Specials	
					Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)					(2)	(3)	(4)	(5)
Heart and Circulation.	Heart Disease :							
	Organic				1	—	—	—
	Functional				2	14	—	4
	Anæmia				1	33	—	1
Lungs.	Bronchitis. . . .				—	15	1	1
	Other Non-Tubercular Diseases				2	8	—	—
Tuberculosis.	Pulmonary :							
	Definite				5	—	4	—
	Suspected				20	27	14	3
	Non-pulmonary :							
	Glands				—	—	—	—
	Spine. . . .				3	3	—	—
	Hip				—	1	—	—
	Other Bones and Joints				—	1	—	—
	Skin				1	—	—	—
	Other Forms				3	2	1	—
Nervous System.	Epilepsy				—	3	—	—
	Chorea				1	2	1	1
	Other Conditions				1	33	3	3
Deformities.	Rickets				—	14	—	1
	Spinal Curvature				1	14	—	—
	Other Forms				4	10	—	2
Other Defects and Diseases					14	372	34	28

Number of Individual Children having Defects
which required Treatment or to be kept under
Observation 1,702

TABLE III. Numerical Return of all Exceptional children in the area in 1921.

				Boys.	Girls.	Total.
(including partially blind). within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools	6	I	7	
		Attending Certified Schools for the Blind	I	—	I	
		Not at School	I	—	I	
(including partially dumb), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools	2	4	6	
		Attending Certified Schools for the Deaf.. ..	3	2	5	
		Not at School	—	2	2	
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools	66	22	88	
		Attending Certified Schools for Mentally Defective Children *Notified to the Local Control Authority by Local Education Authority during the year ..	I4	9	23	
		Not at School	4 6	I 5	5 II	
	Imbeciles.	At School	3	3	6	
		Not at School	5	5	10	
	Idiots	.. ..	2	I	3
Epileptics.		Attending Public Elementary Schools	4	3	7	
		Attending Certified Schools for Epileptics	—	—	—	
		In Institutions other than Certified Schools	—	—	—	
		Not at School	I	I	2	
Pulmonary Tuberculosis.		Attending Public Elementary Schools	37	18	55	
		Attending Certified Schools for Physically Defective Children	10	6	16	
		In Institutions other than Certified Schools	—	—	—	
		Not at School	37	41	78	
Physically Defective.	Crippling due to Tuberculosis.	Attending Public Elementary Schools	21	13	34	
		Attending Certified Schools for Physically Defective children	4	2	6	
		In Institutions other than Certified Schools	—	—	—	
		Not at Schools	17	17	34	

		Boys.	Girls.	Total.
Crippling due to causes other than Tuberculosis <i>i.e.</i> , Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	10	7	17
	Attending Certified Schools for Physically Defective Children	—	—	—
	In institutions other than Certified Schools	1	—	1
	Not at School	2	3	5
†Other Physical Defectives, <i>e.g.</i> , delicate and other children suitable for admission to Open-Air Schools: children suffering from severe heart disease.	Attending Public Elementary Schools	64	55	119
	Attending Open-Air Schools ..	—	1	1
	Attending Certified Schools for Physically Defective Children	—	—	—
	Not at School	7	4	11
Dull or Backward.	Retarded 2 Years	234	201	435
	Retarded 3 Years	73	63	136

* One about to leave Special School at 16 ; all others imbecile.

† Includes 52 boys and 43 girls suitable for Open-Air School.

The figures relate to conditions as on December 31st, 1921.

During the year an additional 10 boys and 4 girls received institutional treatment for Tubercular conditions, and 2 girls received treatment in Open-Air Schools on account of general debility.

TABLE IV. Treatment of Defects of Children during 1921.

A.—TREATMENT OF MINOR AILMENTS.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treatment.		
		Under Local Education Authority's Scheme.	Otherwise	Total.
Skin—				
Ringworm—Head ...	23	11	10	21
Ringworm—Body ...	19	—	18	18
Scabies	28	2	24	26
Impetigo	258	—	255	255
Minor Injuries ...	1	—	1	1
Other Skin Diseases	29	4	17	21
Ear Disease	30	9	12	21
Eye Disease (External and other) ...	121	2	37	39
Miscellaneous	25	—	15	15

B.—TREATMENT OF VISUAL DEFECT.

Referred for Refraction.	Number of Children.								
	Submitted to Refraction.				For whom glasses were prescribed.	For whom Glasses were provided.	Recommended for treatment other than by Glasses.	Received Forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
*202	192	4	3	199	159	155	5	4	31

* Number referred during 1921. The other figures in this table refer to number actually presented for treatment during 1921—some of whom were referred during the last four months of 1920.

C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Number of Children			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
352	21	2	23	93*

* Mainly breathing exercises. Only 38 were referred for operative treatment of tonsils and adenoids; under "Received treatment other than operative" are included only those children in whom breathing exercises were satisfactorily carried out with distinct benefit.

D.—TREATMENT OF DENTAL DEFECTS.

I. Number of Children dealt with.

	Age Groups.										"Specials."	Total.
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by Dentist ...		1116	1155	1226	1233	1200	1128	1147	833	107	295	9440*
(b) Referred for Treatment ...		418	511	547	451	371	312	313	236	25	295	3479
(c) Actually Treated ...		295	345	380	295	247	201	214	157	20	295	2449
(d) Re-treated (result of periodical examination)		12	89	109	86	55	37	46	28	3	—	465

* Does not include 731 children in schools visited for inspection only, as these would vitiate any conclusions drawn from this table.

2. Particulars of Time given and of Operations undertaken.

No. of Half Days devoted to Inspection.	(1)	No. of Half Days devoted to Treatment.	(2)	Total No. of Attendances made by the Children at the Clinic.	(3)	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anæsthetics included in (4) and (6).	No. of other Operations.	
						Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
156	252	12620 †	466	866	4474	—	866	—	866	—	—	—	—

† Includes the whole of the children inspected or treated during the year.

TABLE V. Summary of Treatment of Defects as shown in Table IV. (A, B, C, D, and F, but excluding E.)

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ...	534	28	389	417*
Visual Defects ...	202	192	7	199*
Defects of nose and throat ...	352†	21	95	116*
Dental Defects ...	3479	2449	8	2457
Other Defects ...	147	22	31	53*
	4714	2712	530	3242

* Includes a number of children referred during last 4 months of 1920.

In the case of children referred during the last 4 months of 1921, the results of reference are as a rule not known, as the schools have not been reinspected.

† For the majority of these breathing exercises only were advised.

TABLE VI. Summary relating to Children medically inspected at the Routine Inspections during the year 1921.

(1)	The total number of children medically inspected at the routine inspections					3606
(2)	The number of children in (1) suffering from :—					
	Malnutrition	...	...	...	...	313
	Skin Disease	...	...	...	...	64
	Defective Vision (including Squint)	...	...	...	...	245
	Eye Disease	...	...	...	...	100
	Defective Hearing	...	...	...	...	9
	Ear Disease	...	...	...	...	23
	Nose and Throat Disease	...	...	...	...	316
	Enlarged Cervical Glands (non-tubercular)	...	...	...	...	138
	Defective Speech	...	...	...	...	18
	Dental Disease	...	...	...	...	49
	Heart Disease—					
	Organic	...	...	...	...	1
	Functional	...	...	...	...	16
	Anaemia	...	...	...	...	34
	Lung Disease (non-tubercular)	...	...	...	...	25
	Tuberculosis—					
	Pulmonary	Definite	...	...	...	5
		Suspected	...	...	...	47
	Non-pulmonary	...	...	...	...	14
	Disease of the Nervous System	...	...	...	...	40
	Deformities	...	...	...	...	43
	Other Defects and Diseases	...	...	...	...	386
(3)	The number of children in (1) suffering from defect (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)					1047
(4)	The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)					435
* (5)	The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)					291

Regarding a certain number referred towards end of year no information is available as yet. The majority not treated were suffering from dental disease.

* Under this heading children referred to the Tuberculosis Officer, and examined by him, are included.

Dental Inspection and Treatment.

TABLE VII.

ANALYSIS FOR AGE AND SEX.

SHOWING TABLES FOR SEXES AT DIFFERENT AGES.

Age.	Sex.	Inspected.	Absent from Inspection.	Required no Treatment.	Required Treatment.	Received Treatment.	Refused Treatment.	Temporary Extractions.	Permanent Extractions.	Fillings.	Percentage requiring Treatment at various ages.
6 years	Boys	559	25	350	209	157	52	429	—	8	37.3
	Girls	563	24	354	209	138	71	406	1	4	37.1
	Both	1122	49	704	418	295	123	835	1	12	37.2
7 years	Boys	591	21	328	263	171	92	473	5	16	44.5
	Girls	564	32	316	248	174	74	443	2	29	43.9
	Both	1155	53	644	511	345	166	916	7	45	44.2
8 years	Boys	643	31	360	283	192	91	500	9	40	44.0
	Girls	583	27	319	264	201	63	526	15	49	45.2
	Both	1226	58	679	547	393	154	1026	24	89	44.6
9 years	Boys	630	26	382	248	159	89	384	16	46	38.2
	Girls	603	22	400	203	136	67	308	13	42	33.6
	Both	1233	48	782	451	295	156	692	29	88	36.5
10 years	Boys	595	24	410	185	122	63	233	18	51	31.08
	Girls	605	28	419	186	125	61	184	37	56	30.7
	Both	1200	52	829	371	247	124	417	55	107	30.9
11 years	Boys	613	20	455	158	94	64	135	42	65	25.7
	Girls	515	27	361	154	107	47	113	44	72	29.9
	Both	1128	47	816	312	201	111	248	86	137	27.6
12 years	Boys	580	17	427	153	102	51	92	49	67	26.3
	Girls	567	26	407	160	112	48	51	60	92	28.2
	Both	1147	43	834	313	214	99	143	109	159	27.2
13 years	Boys	403	26	302	101	62	39	16	41	73	25.06
	Girls	430	35	295	135	95	40	20	65	81	31.3
	Both	833	61	597	236	157	79	36	106	154	28.3
14 years	Boys	49	—	39	10	6	4	1	6	7	20.4
	Girls	58	5	43	15	14	1	1	8	18	25.8
	Both	107	5	82	25	20	5	2	14	25	23.3
Totals	Boys	4663	190	3053	1610	1065	545	2263	185	373	34.5
6—14	Girls	4488	226	2914	1574	1102	472	2052	246	443	35.07
	Both	9151	416	5967	3184	2167	1017	4315	431	816	34.7
Special Cases	Boys	142	—	79	63	47	16	83	20	18	—
	Girls	153	—	86	67	45	22	76	15	32	—
	Both	295	—	165	130	92	38	159	35	50	—
Grand Total	Boys	4805	190	3132	1673	1112	561	2346	205	391	—
	Girls	4641	226	3000	1641	1147	494	2128	261	475	—
	Both	9446	416	6132	3314	2259	1055	4474	466	866	—

